Under the Paperwor	k Reduction Act of	1995 no pe	ersons are requir	red to res	spond to a collection				a valid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
				_ '	Application Num	nber	10/630,73	1	Conf. No.: 9350	
FEE TRANSMIT				\ L	Filing Date		July 31, 2003			
For FY 2009					First Named Inventor Takenon			OSHIZAWA	4	
Applicant claims small entity status. See 27 CER 4 27					Examiner Name	,	A. WUJCIAK			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		3632			
TOTAL AMOUNT OF PAYMENT (\$) 810.00					Attorney Docket No. 0717-05			3P		
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee										
Character and the control of the con										
under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULAT	ION		······································							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH FEES EXAMIN										
Application Ty	oe Fee	<u> Small </u> \$) Fee		Fee (\$)	Small Entity Fee (\$)	Fee		Entity (\$)	Fees Pald (\$)	
Utility	330			540	270	220			0.00	
Design	220			100	50	140		0	0.00	
Plant	220			330	165	170	•	5	0.00	
Reissue	330			540	270	650	_		0.00	
Provisional	220			0	0	(-	0	0.00	
2. EXCESS CLAIM FEES								•	mall Entity	
Fee Description Fee (\$) Fee (\$)										
Each claim over 20 (including Reissues) 52 26										
Each independent claim over 3 (including Reissues) Multiple dependent claims								220 390	110 195	
Total Claims	Pold (t)				endent Claims					
Total Claims			Fee (\$)	Fee Pald (\$) = 0.00				Fee (\$) Fee Paid (\$)		
HP = highest numb			ater than 20.				-	00 (0)	0.00	
Indep. Claims	***************************************	Claims	Fee (\$)		Pald (\$)		-			
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>										
100 =0 /50 =0 (round up to a whole number) x =0.00										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Pald (\$) 0.00										
Other (e.g., late filing surcharge): RCE 810.00										
Other (e.g., la	w ming suith	ш ge J. <u>- 10</u>							010.00	
SUBMITTED BY				; =	Pogietration No.	-		I		
Signature	Kolet I) our	#482	22 1	Registration No. 2 Attomey/Agent)	9271		Telephone	703-205-8000	
Name (Print/Type) Charles Gorenstein Robert Downs Date March 17, 2010									h 17, 2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.